



State of Vermont Primary Prevention Report

Act 79 (Title 33 V.S.A. 3301 - 3305)

**Submitted by
Children and Family Council for Prevention Programs
On behalf of Vermont State Agency Partners**

September 2010

Background

33 V.S.A. § 3304 State primary prevention plan

The state primary prevention plan shall provide for the use of state resources in ways that will strengthen the commitment of local communities to altering conditions which contribute to delinquency or other problem behaviors, so that the burden of state-funded treatment and crisis-oriented service programs will be reduced. The plan shall set forth specific goals, objectives and key result areas and shall include proposals to integrate and build upon successful methods of primary prevention.

The art and science of prevention focus in state government is far different now, in 2010 than it was in 1983 when Vermont departments and agencies were first asked to come together to craft a State Primary Prevention Plan. Prevention strategies have become prevalent and valued in all aspects of government and community work, reflect the common sense and ingenuity of earlier generations, and the expanding utilization of evidence-based practice and outcome measurement. In a challenging fiscal climate, as always, an ounce of prevention is worth a pound of cure.

2008 Report

The Primary Prevention Plan Steering Committee and Children and Family Council for Prevention Programs decided to use this 2010 Prevention Plan to illustrate the four prevention outcomes identified in the 2008 plan that focused on four broad issues affecting the whole population:

Health: Vermonters have a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Safety: Vermonters live in safe families and communities.

Economic Security: Vermonters have the opportunity to be self sufficient with economic assets that ensure their basic human needs.

Engagement/Connectedness: Vermonters are connected to and engaged with each other, their communities and the environment. Vermonters have caring, consistent relationships.

The key findings since 2008 articulated by the Primary Prevention Plan steering committee to guide this 2010 update are:

- Most prevention-focused funds come from federal sources. It is important that those funds are used to support state and locally identified prevention needs, and used as long-term investments in sustainable and effective prevention practices
- Nothing can be accomplished well in isolation. Collaboration across departments and agencies is most effective in establishing prevention strategies.
- Effective prevention doesn't always require more money – much can be accomplished by working together to achieve shared goals
- Prevention strategies are most effective when integrated in to state services; prevention is not an 'add-on' or 'extra' work. Prevention may be viewed as the creation of environmental conditions that enable wellness, success, security and safety for all.

Some of the questions posed to state departments and agencies for this 2010 update were: What does prevention look like at work? Show examples of good prevention efforts that your department is involved in.

- What happened to make this prevention effort work?
- What kinds of collaboration and shared goals assisted prevention efforts?
- What are the benefits to everyone when prevention works?

This report is a compilation of stories collected across state government and its community partners to illustrate a sampling of prevention at work. Many of the illustrations cross several or all of the four areas of prevention identified by the VT Steering Committee but have been categorized in only one domain for this report. We hope that the stories speak for themselves in answering some of the questions.

SAFETY

GOAL Children are safe

PARTNERS Departments of Children and Families, Health, Public Safety, and Education; Attorney General's Office, VT Center for Crime Victims Services, VT Network Against Domestic Violence and Sexual Assault, multiple community based child advocacy groups, treatment providers, schools, Principals and School Boards Associations, UVM Sexual Violence Task Force, and others

VT Sexual Abuse Response System was mandated by the 2009 VT Legislature to convene state and non-state partners to:

1. Create & implement a comprehensive community outreach plan to raise community awareness about sexual abuse prevention and emphasize the role of adults in protecting children.

Professionals and advocates across government and non-government developed and agreed to research-informed consistent public messages and strategies to reach all adults who contact children. Public outreach materials were developed and have been reviewed as useful and accessible by parents, child caregivers, and professionals <http://dcf.vermont.gov/protectkids/>.

2. Assist schools to develop sexual abuse prevention materials to integrate within their existing k-12 health curriculum

Example: The UVM –Sexual Violence Prevention Task Force developed a Technical Assistance Resource Guide of best practice materials that schools can use to develop their curricula: http://www.education.vermont.gov/new/pdffdoc/pgm_health_ed/publications_resources/educ_health_ed_TARG.pdf

3. All Licensed child care centers and school boards are to ensure staff are oriented to child sexual abuse signs, reactions, reporting, and prevention

The workgroup used a Canadian guide as a model and developed a resource guide for school and child care staff – the VT Commit to Kids Guide that is to be distributed to all licensed child care centers and public schools throughout the state.

GOAL: Prevent underage drinking

PARTNERS VT Departments of Health ADAP, VT Attorney General’s Office Court Diversion Programs, Public Safety, Student leaders, Schools, Local Substance Abuse Prevention Coalitions; parents, businesses, and Department of Motor Vehicles

Vermont Strategic Prevention Framework (SPF) and Teen Alcohol Safety Program (TASP)

Twenty-three (SPF) community coalitions receive federal funds through ADAP (Alcohol and Drug Abuse Programs) to implement strategies to prevent and reduce underage drinking. Strategies include community education, social marketing, policy enhancement and enhanced enforcement.

The Department of Health ADAP provides information and technical assistance resources. The VT Association of Court Diversion Programs is training community prevention grantees in restorative justice and other approaches to reduce and prevent underage drinking.

VT Association of Court Diversion Programs and the Department of Health have increased collaboration on consistent public messages about this important issue.

Teen Alcohol Safety Program (TASP) operates statewide. Court Diversion Programs and the Attorney General’s Office implement the state Teen Alcohol Safety Program (TASP). The Department of Motor Vehicles and law enforcement manage the Teen Alcohol Safety Program (TASP) civil ticketing. Teens are allowed an opportunity to avoid criminal sanctions by taking responsibility for their behavior. Active law enforcement task forces to enforce underage drinking laws are comprised of Sheriffs, municipal, and state police. Schools, student leaders, and local substance abuse coalitions work with all partners to reach out to students, parents, and businesses to talk about consequences of underage drinking and to support positive, alcohol-free environments and activities for young people.

Underage drinking prevention and enforcement are important to the safety of all Vermonters. The efforts could not work without the cooperation of many agencies, community networks, and citizens.

HEALTH

GOAL: Preserve natural resources, expand recreation activities, and support strong communities

PARTNERS Forests, Parks, & Recreation, City of Rutland, Rutland citizens, schools, clubs, and businesses

Rutland City’s Pine Hill Park, a 300 acre parcel of land donated to the city early in the 20th century by a former mayor has become “one of the finest municipal trail systems in New England with 16 miles of trails”. The Department of Forest, Parks, and Recreation has partnered with the city and administered state and federal grant funds, but the real story of Pine Hill Park’s development is about Rutland area volunteerism, community leadership and investment, and the involvement of youth, business community, and recreation enthusiasts.

The trails are all season, multi-use, and are seeing 300 to 1,700 visitors a week depending on the season. Hundreds of residents, in partnership with passionate community leaders, the City Recreation Parks Department, and young people have donated an estimated 100,000 hours of labor to building trails in the park. Engaging young people has been a strategic investment in the park and supports development of their health, engagement with community and the natural world.

This impressive story of the Pine Hill Park's development and the community members who have shaped it is summarized here:

http://www.pinehillpark.org/php/Pine_Hill_Park_Welcome_files/2009%2007%20PineHillParkDMarcy.pdf

GOAL obesity prevention and reduction

PARTNERS Departments of Health, Transportation, Agriculture, Education, Community prevention programs, the VDH/DOE Joint School Health Committee (including representatives from the Vermont Chapters of the American Academy of Pediatrics/Family Physicians, the Vermont State School Nurse Association, the Executive Directors of the Vermont Principals, School Boards, and Superintendents Associations; the Vermont Child Health Improvement Program; Vermont Board of Nursing; Vermont State Colleges). Linkage and Coordination with the *Blueprint for Health* have been prioritized. The Agency of Natural Resources, Department of Forests, Parks & Recreation

Obesity is a top health priority. At the statewide policy level there has been success in assuring children have health insurance, access their primary care medical home where they are assessed and screened using best practice standards. School nurses are working hard to assure that all children have a 'medical home' where assessment and treatment for obesity and other related health or mental health issues can be detected early.

A Joint Committee of Departments of Health and Education has updated school nursing services guidelines, and is now in review of health education in schools. It has supported continued use of the CDC (Center for Disease Control) Coordinated School Health model, a best practice promoting a comprehensive health approach within schools.

The Vermont Department of Health's (VDH) Coordinated Healthy Activity, Motivation & Prevention Programs (CHAMPSS) addresses obesity prevention. Community programs are funded to address policy and environmental changes that are sustainable and lead to maximum public health impact across the entire community. Eleven community coalitions receive funds, technical assistance, and support from the VDH chronic disease prevention programs. Best practices for obesity prevention are coordinated across multiple state agencies. Examples include Safe Routes to School led by the Agency of Transportation; "Farm to School" led by the Agency of Agriculture and best practices for school wellness coordinated among the Departments of Health, Education, and Agriculture.

One example of implementation is the work done by the Ottauquechee Community Partnership that:

- Initiated a walking school bus as a way to begin discussions for the need for the town to support safe non motorized transportation to school.
- Began farm to school programs in three schools. One school has committed to using *all* local food in their cafeteria

The Department of Forests Parks & Recreation encourages active outdoor living and has developed creative ways to incentivize physical recreation targeted to young families and child care centers with fun outdoor challenges such as 'Venture Vermont' <http://www.vtstateparks.com/htm/venturevt.htm> and 'Outdoor S'more' http://www.vtstateparks.com/htm/outdoor_smore.htm programs.

ENGAGEMENT / CONNECTEDNESS

GOAL: Youth successfully transition to adulthood

PARTNERS: Departments for Children and Families, Labor, Aging and Independent Living (DAIL), Vocational Rehabilitation JOBS Program, Mental Health, VT Association of Homeless and Runaway Youth Programs, schools and alternative schools, VT Health Access, Economic Services, Labor, Education, Corrections, regional Youth Development Coordinators, Schools, VSAC, State Colleges, UVM, College of St. Joseph, Youth Services Bureaus, Vermont Adult Learning, Vermont Housing Authority, Social Security, Homeless shelters, Northlands Job Corps, Substance abuse services, employers, youth and families

Transitional Living Programs (TLP) are part of the statewide network of Youth Service Bureaus. They are funded by multiple sources and provide a safety net and life skills acquisition for young people not fortunate enough to have strong family resources to help ease them to independence. TLP prevention efforts cover the spectrum of Health, Safety, Economic Security, and Engagement, enabling vulnerable young people in Vermont to become the strong young adults and citizens they are capable of being.

Example: Here are excerpts from an essay of program completion by a young woman who received service from the TLP in Windham County Youth Services Inc.:

“At the age of eighteen, I found myself suckered to the ground. I had become addicted to drugs; I found myself sick, alone, and going nowhere. I went off to rehab to start again. I had dropped out of high school twice and did not have a diploma. My health was lacking, but I had no insurance for treatment. I had sobriety to maintain in the very place that my addictions had run rampant and my family was preparing to move away.

I entered a high school completion program. (With) the Transitional Living Program I drew up a plan, a list of goals and needs for my first year out. That was the most valuable part of the entire program. Having it all laid out on the table, my education plan, work, budgeting, what I wanted out of having my own home, healthcare, and other life skills all went on our list of goals. I settled into two new jobs, and with my income established, set out apartment hunting. It was a blessing to have a mentor on call at all times, to answer my questions and settle my anxiety at having to maintain my own place.

Every week I got to check in; yes, school was going well, my sobriety was maintained, I could see a doctor when I needed, my bills were paid, and I went to work everyday. (my TLP counselor) helped me move away from my tendency to crash when life becomes overwhelming. She helped me with basic life skills, from budgeting money, to nutrition and healthy sleeping patterns.

I credit TLP and my coordinators as occasionally being the last thread that held me back from my addictions in my first year out. I'm proud to say I've maintained my sobriety. During the past year and a half I have completed high school, and received a 4.0 in a college course I attended. I've held two jobs. I'm confident in the fact that I am a responsible and efficient worker. I'm learning some good money skills, such as maintaining a budget, keeping a balanced checkbook and developing my savings account. I have never been late in paying rent or any bills.

I feel like the world isn't so scary. I have new perspective on life. Now I feel prepared to move on. I feel inspired to return the favor; I hope to work with troubled teens or in addiction treatment in the future. My next step is to go to college. I hope to someday make such a difference in another

person's life. I have transitioned into my independence with new confidence and knowledge I would not have gained if it weren't for the program."

Jump on Board for Success (JOBS)

The JOBS program is a supported employment and intensive case management service for youth ages 16 – 21 with severe emotional disturbance. Work is the means used to transition to adult life. JOBS youth are out of school or likely to drop out, and are at risk for involvement with Corrections, substance abuse, homelessness, and other concerning behaviors.

Case management services help JOBS youth develop individual plans to meet basic requirements such as medical care and housing, to set future goals, and take the steps necessary to achieve those goals.

Example: *One young man, 18 years old received medical care and life planning assistance that led to this: He took nine classes and earned credit towards his Child Development Associates credential, began working as a substitute in an after-school program, and was soon promoted to a permanent full-time position. This young man has developed realistic aspirations of becoming a professional teacher or psychologist.*

Youth in Transition Leadership Team - YIT

The Agency of Human Services developed an agency-wide Youth in Transition (YIT) leadership team that has made recommendations on the priority needs of youth aging out of children's health, foster care, special education, and other sustaining services. Though youth with strong familial resources often have access to various supports needed to get them through to their early to mid-twenties while negotiating the 'transition to adulthood', youth without those supports may find themselves without necessary shelter, food, education and training, health care, transportation, or social supports. A multi-agency leadership team adopted 8 focus areas from which to launch priority system improvements and to measure outcomes.

The 'YIT' team initially developed recommendations for the Department for Children and Families to expand services to those youth 'aging out' of foster care, resulting in these changes since 2007:

18 year old youth in foster care are now provided the option of continuing their home placement in conjunction with an extended care agreement between the young person, their home, and the state; these include youth and team-defined plans regarding school, work and savings, housing supports, and sustaining lifelong relationships.

Youth Development Coordinators in every region of the state can help young people leaving state foster care to navigate new adult challenges.

Young people from foster care are supported to succeed in college, for example:

- There are over twenty students attending St. Joseph's College where they can access specialized transition supports, including financial aid to succeed and stay in school

- DCF support for out of school session housing (college semester breaks and summer) and extended care agreements allowing family connection, the support of a Youth Development Coordinator

- Emily Lester, a young Vermonter, persevered through the state legislative process and a bill was passed enabling young people from foster care to receive VT public college scholarships. Other VT and national scholarship opportunities exist for young people who have experienced foster care and

they are assisted by DCF, VT Student Assistance Corporation, Community, and State Colleges to access those.

VT is now in the forefront in providing extended care supports for youth aging out of foster care and has developed the most comprehensive services for extended care. An estimated 450 young people have participated in extended supports to adulthood.

VT received a 5-year award from the federal Substance Abuse Mental Health Services Administration (SAMHSA) to develop more effective and accessible state-wide services for youth with emotional-behavioral disorders (age 16 – 25) to improve their transition to adulthood. All regions of the state have developed priorities for service access and improvement. Significantly, all efforts are advised and lead by youth.

Communities can provide valuable supports and resources that assist youth in becoming stronger young adults and neighbors. Doing so is an investment in community well-being

ECONOMIC SECURITY

GOAL: **Improved economic security**

PARTNERS DCF Office of Economic Opportunity and regional Community Action Offices

Economic Opportunity: Individual Development Accounts (IDA), the Micro-Business Development Program, and Vermont Women’s Business Center have demonstrated positive outcomes for low-income working Vermonters enabling them to acquire assets and entrepreneurial skills as they transition out of poverty through education, starting a small business, or achieving home ownership. Vermont was recently awarded technical grant from the Dept. of Health and Human Services to assess these three programs and to develop a strategic plan to harness their full potential. Ultimately, it is such asset-development programming which has the potential to counter the impacts of a depressed job market, and reduce reliance on public assistance.

For example: Individual Development Accounts are an opportunity for low-income people to start and boost their savings for a) post-secondary education, b) small business development, or c) home ownership. A participant’s savings are matched by the program and can be withdrawn for one of the specified uses.

An eligible woman worked with the Bennington-Rutland Opportunity Council (BROC) to develop her Individual Development Account (IDA) through the “Assets for Opportunity” program. Over the course of the 24 month program, she worked with BROC and community resources to establish a credit history, obtain a vehicle, and convert \$1,000 in IDA savings into achieving her goal of homeownership. Her hard work and the support of BROC paid off. She and her family moved in to their own home in November.

GOAL **Improved economic security**

PARTNERS DCF Economic Services Reach-UP

Reach-Up DCF Economic Services and multiple state and local partners work to support Reach-Up participants' efforts to become economically stable.

A young mother started receiving Reach Up financial assistance in 2004. She applied to the Post Secondary Education program to pursue a nursing degree. During her first three semesters at CCV, her overall GPA was a 3.59. In July 2006, she was accepted to the Clinton Community College class of 2008! She managed to commute, attend classes and labs, study, and care for her daughter.

This young woman gained skills in addressing patient needs and interacting effectively with health care professionals. Although she struggled to earn passing grades, in May, 2008, she graduated alongside her classmates! She passed the nursing boards and works as an RN in a hospital in Boston. In a recent email Helen marveled "I'm trying to decide which school is best for my daughter. Can you believe she starts kindergarten this year?"

GOAL: Economic and community development

PARTNERS Agency of Commerce and Community Development / ACCD, the Department of Environmental Control, the Southern Windsor County Regional Planning Commission, and the Springfield Regional Development Corporation

Springfield Community Redevelopment In 2008, the **Ellis Block** in Springfield, home to apartments and the town's only movie theater was partially destroyed by fire. The destabilized building presented an immediate health and safety threat. The existing tenants were dislocated and the theater, the only one for many miles, was closed. This historic area is located right in the heart of downtown Springfield. Through the Vermont Community Development Program, the Town of Springfield was awarded \$165,000 to stabilize the structure, eliminate the public safety threat and provide an opportunity for rehabilitation.

In 2009, ACCD's Neighborhood Stabilization Program awarded a deferred loan to help restore the historic Ellis Block building. The partnership, Springfield Housing Unlimited and Housing Vermont, has begun work on the building. The apartments will remain affordable to low and moderate income households indefinitely and the theater will reopen.

Rehabilitation of this property will fill a gaping hole in downtown Springfield that serves as a community focal point, due to the presence of the movie theater. The tenants will live within a short walk to jobs, services, social centers, churches and recreation opportunities such as the Springfield Bike Path and the Edgar May Recreation Center.

PVDC Building Once a bustling site of employment, the PVDC building in Springfield (also known as the Old Fellows Building) fell in to disrepair with the demise of the machine tool industry. The substantial property, located adjacent to downtown Springfield and popularly accessed by a foot bridge over the Black River, was significantly underutilized; much of it long vacant. In 2008, the property piqued the interest of private developers who had a vision for the property to return this historic jewel to a vibrant employment center. The ACCD provided financial support to this project through several programs:

* A grant to the Precision Valley Development Corporation, the building's long time owners, to aid in the remediation of environmental contamination at the site making the property more attractive to

the prospective buyers/redevelopers. Hazardous materials found on the site were remediated through the efforts of multiple partners.

* A grant to Town of Springfield to address life safety issues including demolition and removal of unstable out buildings

After completion of the multimillion dollar redevelopment of the property, now underway, Springfield Hospital will occupy 30,000 square feet of space as an anchor tenant and major employer in the building. Plans include a restaurant and other offices further contributing to the economic vitality of downtown Springfield.

The Combined Impact of the tens of millions of dollars in downtown reinvestment will be dramatic. Both projects, almost simultaneously resurrect slums to attractive and functional conditions, eliminating blight and creating jobs. There is no question that other investors will want to participate in this renaissance now that the downtown has been turned around. For the residents of Springfield, not only have hazards to public health and safety been ameliorated, but there will be a renewed pride in their downtown, job opportunities and new pedestrian friendly facilities.

Conclusion and Proposed Action Steps

Convene the Prevention Plan Steering Committee, and with the Agency of Human Services and the Agency of Administration, review the purpose and convening authority of the Primary Prevention Plan

Request that state agencies reinforce prevention collaborations across state government, measure prevention results, and estimate savings.

Participant Departments and Agencies:

VT Agency of Natural Resources, Forests, Parks, and Recreation	Health
Office of Alcohol and Drug Abuse Programs	Children and Families
Agency of Commerce and Community Development	Economic Services
Office of Economic Opportunity	Family Services
Aging and Independent Living	Youth Services, Inc

For more information: Children and Family Council for Prevention:

<http://humanservices.vermont.gov/boards-committees/cfcpp/>

<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=33&Chapter=033&Section=03304>